

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
051942596

APPLICANT(S)

FILING DATE

0109100

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2		/		
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TOTAL IND.		2		
TOTAL DEP.		5		
TOTAL CLAIMS	7			

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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			